

State of New Hampshire
Department of Safety
Division of Emergency Medical Services

***RECOMMENDED* ALS LEVEL MINIMUM EQUIPMENT LIST**
INTERMEDIATE LEVEL

_____ **1 Portable Defibrillator**

_____ Battery power _____ strip writer or capability to produce hard copy
_____ charging capacity of 360 joules _____ 1 set of paddles _____ and/or 2 sets of pads
_____ replacement battery(ies) _____ or recharge adapter

_____ **1 Esophageal Airway Set**

_____ 1 syringe sized at 30-35 millimeters _____ 1 mask _____ 1 Esophageal tube

_____ **1 Intravenous Tourniquet** (adult)

_____ **2 Sterile, 500 milliliters of fluid, Containers of Normal Saline or Lactated Ringer's Solution**

Unexpired effective date _____

_____ **Intravenous Infusion**

_____ 2 sterile macrodrip sets _____ 2 sterile microdrip sets
_____ 2 sterile intravenous catheters, in each size _____ 14 _____ 16 _____ 18 _____ 20 _____ 22

_____ 1 fluid warmer to warm medications and fluids (insulated bag or compartment in vehicle)